



**United States District Court
Western District of Texas
200 West 8th Street, Room 130
Austin, Texas 78701
(512) 916-5896**

Application for Drop Box Key Card
(Please print)

Name: _____

Firm Name: _____

Address: _____

City: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

Signature: _____ **Date:** _____

Please Note: If your card is lost or stolen, please notify the Clerk's Office immediately.

Please do not write below this line.

Card Number Assigned:

Deputy Clerk: _____ **Date:** _____